

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Association of State Democratic Chairs

ADDRESS (number and street)

430 S. Capitol Street SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00259481

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ann Fishman

Signature of Treasurer

Electronically Filed by Ann Fishman

Date

10

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Association of State Democratic Chairs

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		21955.31
(b) Cash on Hand at Beginning of Reporting Period .....	54106.72	
(c) Total Receipts (from Line 19) .....	21550.00	151819.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	75656.72	173774.80
7. Total Disbursements (from Line 31) .....	39304.47	137422.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36352.25	36352.25
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Association of State Democratic Chairs

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1500.00	11500.00
(i) Itemized (use Schedule A) .....	0.00	100.00
(ii) Unitemized .....	1500.00	11600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1500.00	11600.00
12. Transfers From Affiliated/Other Party Committees .....	20050.00	140219.49
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21550.00	151819.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21550.00	151819.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	38474.26	135092.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	38474.26	135092.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	830.21	2330.21
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39304.47	137422.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39304.47	137422.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1500.00	11600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1500.00	11600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38474.26	135092.34
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	38474.26	135092.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Sharon M. Salzberg

Mailing Address 1230 Pleasant St.

City

Barre

State

MA

Zip Code

01005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Effort

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: 11ai-000053786

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

North Carolina Democratic Party

Mailing Address 220 Hillsboro

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 8

Transaction ID: 12-01-02065-03777

Amount of Each Receipt this Period

10000.00

Transfer

**B.**

Full Name (Last, First, Middle Initial)

New Hampshire Democratic Party

Mailing Address 150 N. Main Street

City

Concord

State

NH

Zip Code

03301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: 12-01-02066-03782

Amount of Each Receipt this Period

450.00

Transfer

**C.**

Full Name (Last, First, Middle Initial)

Nevada Democratic Party

Mailing Address 3790 S. Paradise Rd. Ste. 130

City

Las Vegas

State

NV

Zip Code

89104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: 12-01-02066-03783

Amount of Each Receipt this Period

675.00

Transfer

**SUBTOTAL** of Receipts This Page (optional) .....

11125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Colorado Democratic Party

Mailing Address 770 Grant Street, Ste. 200

City

Denver

State

CO

Zip Code

80203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: 12-01-02066-03780

Amount of Each Receipt this Period

1575.00

Transfer

**B.**

Full Name (Last, First, Middle Initial)

Arizona Democratic Party

Mailing Address 1329 2910 North Central Ave.

City

Phoenix

State

AZ

Zip Code

85012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: 12-01-02066-03778

Amount of Each Receipt this Period

1800.00

Transfer

**C.**

Full Name (Last, First, Middle Initial)

Maryland Democratic Party

Mailing Address 188 Main Street, Ste. 1

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: 12-01-02066-03781

Amount of Each Receipt this Period

1800.00

Transfer

**SUBTOTAL** of Receipts This Page (optional) .....

5175.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

California Democratic Party

Mailing Address 911 20th Street, Suite 100

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: 12-01-02066-03779

Amount of Each Receipt this Period

3750.00

Transfer

**SUBTOTAL** of Receipts This Page (optional) .....

3750.00

**TOTAL** This Period (last page this line number only) .....

20050.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Sprint PCS

Mailing Address PO Box 62071

City  
Baltimore

State  
MD

Zip Code  
21264-2071

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02055-03745

Date of Disbursement

/   /

Amount of Each Disbursement this Period

241.97

**B.**

Full Name (Last, First, Middle Initial)

Perkins Coie LLP

Mailing Address 1201 Third Avenue, 40th Floor

City  
Seattle

State  
WA

Zip Code  
98101-3099

Purpose of Disbursement  
Legal Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02056-03746

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5790.00

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
CC Payments - See Memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02057-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5418.88

**SUBTOTAL** of Disbursements This Page (optional) .....

11450.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 31

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Westin Hotel

Mailing Address 811 Spruce Street

City State Zip Code  
St. Louis MO 63102

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02057-03763

Date of Disbursement

/   /

Amount of Each Disbursement this Period

321.49

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City State Zip Code  
Newark NJ 07101-0114

Purpose of Disbursement  
Membership fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02057-03774

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Radio Shack

Mailing Address 442 L'Enfant Plaza Shopping Center

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Computer Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02057-03773

Date of Disbursement

/   /

Amount of Each Disbursement this Period

61.93

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Empty Vase

Mailing Address 11330 Arcade Dr #3

City  
Little Rock

State  
AR

Zip Code  
72212

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02057-03772

Date of Disbursement

/   /

Amount of Each Disbursement this Period

148.81

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Olives Restaurant

Mailing Address 1600 K Street, NW

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02057-03771

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.25

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Royalton Hotel

Mailing Address 44 West 44th Street

City  
New York

State  
NY

Zip Code  
10036

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02057-03770

Date of Disbursement

/   /

Amount of Each Disbursement this Period

237.60

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Royalton Hotel

Mailing Address 44 West 44th Street

City State Zip Code  
New York NY 10036

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02057-03769

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

9.21

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

National Democratic Club

Mailing Address 30 Ivy Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02057-03768

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

58.88

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Dell

Mailing Address 1 Dell Way

City State Zip Code  
Round Rock TX 78682

Purpose of Disbursement  
Computer Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02057-03767

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

31.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Dell

Mailing Address 1 Dell Way

City  
Round Rock

State  
TX

Zip Code  
78682

Purpose of Disbursement  
Computer Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02057-03766

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1455.40

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Wayne County Airport Parking

Mailing Address Detroit Aiport

City  
Detroit

State  
MI

Zip Code  
48174

Purpose of Disbursement  
Parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02057-03764

Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02057-03755

Date of Disbursement

/   /

Amount of Each Disbursement this Period

659.01

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> 21b-01-02057-03765 <b>Date of Disbursement</b>																				
Mailing Address 10 G Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	8												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transportation	<table border="1"> <tr> <td colspan="10">201.00</td> </tr> </table>	201.00																			
201.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 21b-01-02057-03754 <b>Date of Disbursement</b>																				
Mailing Address PO Box 114	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	8												
City Newark State NJ Zip Code 07101-0114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td colspan="10">14.99</td> </tr> </table>	14.99																			
14.99																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 21b-01-02057-03762 <b>Date of Disbursement</b>																				
Mailing Address PO Box 114	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	8												
City Newark State NJ Zip Code 07101-0114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td colspan="10">14.99</td> </tr> </table>	14.99																			
14.99																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 31

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 114	<b>Transaction ID:</b> 21b-01-02057-03756 <b>Date of Disbursement</b> <div> <div>09</div> <div>02</div> <div>2008</div> </div>
City Newark State NJ Zip Code 07101-0114 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>14.99</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Hotels.com Mailing Address 10440 N. Central Expwy., Ste. 400 City Dallas State TX Zip Code 75231 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-01-02057-03757 <b>Date of Disbursement</b> <div> <div>09</div> <div>02</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>925.86</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Go To Webinar.com Mailing Address 6500 Hollister Avenue City Goleta State CA Zip Code 93117 Purpose of Disbursement Website Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-01-02057-03758 <b>Date of Disbursement</b> <div> <div>09</div> <div>02</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>99.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Cooks Fresh Market

Mailing Address 1600 Glenarm Place, Suite 120

City State Zip Code  
Denver CO 80202

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02057-03759

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

34.68

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Northwest Airlines

Mailing Address 100 South 7th Street

City State Zip Code  
Minneapolis MN 55402

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02057-03760

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

491.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Orbitz.com

Mailing Address 1961 Premeir Drive, Suite 150

City State Zip Code  
Mankato MN 56001

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02057-03761

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

6.99

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box 66100

City  
ChicagoState  
ILZip Code  
60666Purpose of Disbursement  
Airfare

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02057-03747

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

Amount of Each Disbursement this Period

503.00

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Anne Lansey

Mailing Address 4812 Kimberleigh Road

City  
BaltimoreState  
MDZip Code  
21212-4613Purpose of Disbursement  
Airfare

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02059-03749

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Amount of Each Disbursement this Period

501.70

**C.**

Full Name (Last, First, Middle Initial)

Jennie Blackton

Mailing Address 2547 North Buena Vista

City  
BurbankState  
CAZip Code  
91504Purpose of Disbursement  
Airfare

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02060-03750

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Amount of Each Disbursement this Period

489.50

SUBTOTAL of Disbursements This Page (optional) .....

991.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Jennie Blackton

Mailing Address 2547 North Buena Vista

City Burbank State CA Zip Code 91504

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02062-03753

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

1676.49

B.

Full Name (Last, First, Middle Initial)

Ann Fishman

Mailing Address 10212 Windsor View

City Potomac State MD Zip Code 20854

Purpose of Disbursement  
Per Diem

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02064-03776

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

76.18

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City Newark State NJ Zip Code 07101-0114

Purpose of Disbursement  
CC Payments - See Memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02067-0000

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

24272.32

SUBTOTAL of Disbursements This Page (optional) .....

26024.99

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Frontier Airlines

Mailing Address 7001 Tower Road

City

Denver

State

CO

Zip Code

80249-7312

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Transaction ID: 21b-01-02067-03795

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Amount of Each Disbursement this Period

492.69

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Pepsico

Mailing Address 700 Anderson Hill Rd

City

Purchase

State

NY

Zip Code

10577

Purpose of Disbursement

Meals

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Transaction ID: 21b-01-02067-03806

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Amount of Each Disbursement this Period

173.82

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address 942 South Shady Grove Road

City

Memphis

State

TN

Zip Code

38120

Purpose of Disbursement

Shipping

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Transaction ID: 21b-01-02067-03820

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Amount of Each Disbursement this Period

-2.07

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03819

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.99

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03818

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.99

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03817

Date of Disbursement

/   /

Amount of Each Disbursement this Period

339.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02067-03816

Date of Disbursement

/   /

Amount of Each Disbursement this Period

339.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Go To Webinar.com

Mailing Address 6500 Hollister Avenue

City  
Goleta

State  
CA

Zip Code  
93117

Purpose of Disbursement  
Web Hosting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02067-03815

Date of Disbursement

/   /

Amount of Each Disbursement this Period

99.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Hyatt Regency

Mailing Address 71 S. Wacker Dr.

City  
Chicago

State  
IL

Zip Code  
60606

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02067-03814

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2413.32

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 114	<b>Transaction ID:</b> 21b-01-02067-03813 <b>Date of Disbursement</b> <div> <div>09</div> <div>24</div> <div>2008</div> </div>
City Newark State NJ Zip Code 07101-0114 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>14.99</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) UPS Mailing Address City State Zip Code Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-01-02067-03812 <b>Date of Disbursement</b> <div> <div>09</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>21.72</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address P.O. Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-01-02067-03811 <b>Date of Disbursement</b> <div> <div>09</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>449.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Bobby Van's Steak House

Mailing Address 807 15th Street. NW

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02067-03810

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

63.05

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

James P. Walsh Sedan Services

Mailing Address 1155 Connecticut Avenue,NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Transportation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02067-03809

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

75.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address 942 South Shady Grove Road

City  
Memphis

State  
TN

Zip Code  
38120

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02067-03793

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

41.49

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Hyatt Regency

Mailing Address 71 S. Wacker Dr.

City  
Chicago

State  
IL

Zip Code  
60606

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02067-03807

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

5644.31

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Oc Colorado Blvd

Mailing Address 1415 Market Street

City  
Dener

State  
CO

Zip Code

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02067-03784

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

25.27

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Pepsico

Mailing Address 700 Anderson Hill Rd

City  
Purchase

State  
NY

Zip Code  
10577

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02067-03805

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

533.15

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) Pepsico	<b>Transaction ID:</b> 21b-01-02067-03804 <b>Date of Disbursement</b>																				
Mailing Address 700 Anderson Hill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	8												
City Purchase State NY Zip Code 10577	Amount of Each Disbursement this Period																				
Purpose of Disbursement Meals	<table border="1"> <tr> <td>57.01</td> </tr> </table>	57.01																			
57.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Pepsico	<b>Transaction ID:</b> 21b-01-02067-03803 <b>Date of Disbursement</b>																				
Mailing Address 700 Anderson Hill Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	8												
City Purchase State NY Zip Code 10577	Amount of Each Disbursement this Period																				
Purpose of Disbursement Meals	<table border="1"> <tr> <td>745.57</td> </tr> </table>	745.57																			
745.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	<b>Transaction ID:</b> 21b-01-02067-03802 <b>Date of Disbursement</b>																				
Mailing Address 1155 Connecticut Avenue,NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	8												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transportation	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Epicurean Entertainment

Mailing Address 1101 13th St

City  
Denver

State  
CO

Zip Code  
80204

Purpose of Disbursement  
Convention Entertainment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03801

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5144.26

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03800

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.99

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03799

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.99

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Pepsico

Mailing Address 700 Anderson Hill Rd

City Purchase State NY Zip Code 10577

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03798

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

6942.74

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

CheapTickets.com

Mailing Address 500 W Madison Ave Ste 1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03797

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

11.98

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Radio Shack

Mailing Address 442 L'Enfant Plaza Shopping Center

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02067-03796

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

20.37

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Frontier Airlines

Mailing Address 7001 Tower Road

City  
Denver

State  
CO

Zip Code  
80249-7312

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02067-03794

Date of Disbursement

/   /

Amount of Each Disbursement this Period

492.69

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

38467.04

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
CC Payments - See Memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 29-01-02067-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

830.21

**B.**

Full Name (Last, First, Middle Initial)

Epicurean Entertainment

Mailing Address 1101 13th St

City  
Denver

State  
CO

Zip Code  
80204

Purpose of Disbursement  
Convention Entertainment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 29-01-02067-03808

Date of Disbursement

/   /

Amount of Each Disbursement this Period

830.21

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

830.21

**TOTAL** This Period (last page this line number only) .....

830.21

Image# 28933622257

Form/Schedule: **F3XN**

Transaction ID:

The Committee has very limited administrative expenses because it does not maintain an office or staff. What administrative costs it does incur are primarily, if not exclusively, for travel and meeting expenses. These limited administrative costs are fully disclosed on its reports.

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